

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553281

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9						
10		1				
11						
12		1				
13						
14		1				
15						
16		1				
17						
18		1				
19						
20		1				
21		2				
22		2				
23		2				
24		①				
25		①				
26		①				
27		①				
28		①				
29		①				
30		①				
31						
32		1				
33		2				
34		2				
35		2				
36		①				
37		①				
38		①				
39		①				
40		①				
41		①				
42						
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48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						